

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90040 016 ****61.25

DOCUMENT # N96000002146

1. Entity Name

THE CHILDREN'S MUSEUM OF THE SOUTH, INC.



Principal Place of Business

P O BOX 5951
GAINESVILLE FL 32627
US

Mailing Address

P O BOX 5951
GAINESVILLE FL 32627-5951
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

54-3363654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, PETER H
4001 NEWBERRY RD, SUITE C-1
GAINESVILLE FL 32607

377-4761

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME MELZER, REGINA
STREET ADDRESS 2914 NW 33RD PLACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE PD ☐ Delete
NAME BOTTCHER, SUSAN
STREET ADDRESS 3448 NW 12TH AVE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ Delete
NAME BRASHEAR, JUDY C
STREET ADDRESS 620 E. UNIVERSITY AVE
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D ☐ Delete
NAME CARLSON, JOHN V
STREET ADDRESS 4421 NW 39TH AVE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☐ Delete
NAME UNDERBERGER, MINDY
STREET ADDRESS PO BOX 15121
CITY-ST-ZIP GAINESVILLE FL 32604

TITLE D ☐ Delete
NAME SCOTT, JENNY
STREET ADDRESS P.O. BOX 140764
CITY-ST-ZIP GAINESVILLE FL 32614

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Regina S. Melzer VP. REGINA S. MELZER, VP. 3-23-04 338-7542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #